



**The Suffolk County Police Department**  
**Youth Police Academy**  
**2021 Application and Emergency Contact Form**  
**Suffolk County Youth Bureau**  
**P.O. Box 6100 Hauppauge, NY 11788**  
[ahkyra.jackson@suffolkcountyny.gov](mailto:ahkyra.jackson@suffolkcountyny.gov)  
**631-853-8270**



Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street/ Town /ST/Zip code

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ School Name: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Please list any medical conditions, medications and/or allergies that your child may have: \_\_\_\_\_

Emergency contact name:	Address:	Phone #:	Relationship:
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____

Please answer these answer the following questions:

1. Have you participated in the youth academy before? Y ☐ N ☐
2. Have you had a fever in the last 24 hours of 100 Degrees Fahrenheit or above Y ☐ N ☐
3. Do you now or have you recently had any respiratory or flu symptoms(including fever, chills, sore Throat, cough, muscle aches, or shortness of breath) Y ☐ N ☐
4. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID19 or Corona-type symptoms? Y ☐ N ☐
5. Have you traveled outside of the state in the last two weeks? Y ☐ N ☐
6. Have you had a NEW loss of sense of taste or smell? Y ☐ N ☐

I, \_\_\_\_\_, hereby authorize my  
 Parent's/Guardian's Name (Please Print)

child \_\_\_\_\_ Is permitted to participate in the 2020 Summer  
 Student's name (Please Print) Youth Police Academy.

\_\_\_\_\_  
 Parent's/guardian's Signature

\_\_\_\_\_  
 Date

**Please select one of the following options:**

**Session1:** Jul 12 to Jul 16  
**Session 3:** Jul 26 to Jul 30


**Session2:** Jul 19 to Jul 23


**Tee-shirt Size (adult) – Circle one**                      S                      M                      L                      XL

**Shorts (adult) – Circle one**                                S                                M                                L                                XL

**E-mail address: Student** \_\_\_\_\_ **E-mail address: Parent** \_\_\_\_\_



# **SUFFOLK COUNTY POLICE ACADEMY 2021**

## **YOUTH CAMP**

### **LIABILITY WAIVER**

Name of child participating in SUFFOLK COUNTY YOUTH POLICE CAMP:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

I, the undersigned parent or legal guardian of the child listed above, do certify that the child is in good health and is able to participate in the Suffolk County Youth Police Camp Program. I understand that no health, and/or accident insurance are provided for the child and I accept full responsibility for obtaining the same or for payment of all expenses in the absence of such insurance.

In consideration for your accepting the child in the program, I the undersigned parent or legal guardian of the child for myself and the child, as well as our heirs, executors, administrators and assigns forever release and discharge County of Suffolk, the Suffolk County Police Department, Police Department Officers and its appointed and elected officials, employees, agents, volunteers and other representatives and their heirs, executors, administrators and assigns from any and all claims, causes of action, suits, debts or damages arising from any and all injuries sustained by the child as a result of the Suffolk County YOUTH POLICE Program and all of its related activities.

Furthermore, I the undersigned parent or legal guardian of the child do hereby agree to indemnify, hold harmless and defend the County of Suffolk, the Suffolk County Police Department and its appointed and elected officials, employees, agents, volunteer and other representatives and their heirs, executors, administrators and assigns for any and all injuries and property damages sustained by others by reason of the conduct of the child during the SUFFOLK COUNTY YOUTH POLICE CAMP Program including court costs and attorney fees.

I agree that the County of Suffolk, the SUFFOLK COUNTY POLICE DEPARTMENT shall have the right at their discretion to enforce established rules of conduct and/or terminate the child's participation for failure to maintain these standards, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the group in its program as a whole. I also permit photographs and video of the above named minor child to be taken and used for display, publication, advertising, for use in any televised production or for any other purpose. I understand that documentary films may be made in which the above named child could appear and agree not to require compensation of any kind.

I hereby grant the County of Suffolk, the Suffolk County Police Department and its appointed and elected officials, employees, agents, volunteers and other representatives full authority to take whatever action they consider warranted regarding the health and safety of the child, and fully release them from any liability for such actions taken on my behalf.

Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Name Printed \_\_\_\_\_